

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NORTH FLORIDA NEIGHBORS		FEC IDENTIFICATION NUMBER ▼ C C00582312																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee James R Foster & Associates, Inc.			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>0</td><td>7</td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>1</td><td>8</td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>2</td><td>0</td><td>1</td><td>6</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>			0	7			1	8			2	0	1	6				
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Full Name of Payee On 3 Public Relations, LLC			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>0</td><td>7</td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>2</td><td>0</td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>2</td><td>0</td><td>1</td><td>6</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>			0	7			2	0			2	0	1	6				
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Purpose of Expenditure Advertising		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>0</td><td>7</td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>2</td><td>0</td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>2</td><td>0</td><td>1</td><td>6</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>			0	7			2	0			2	0	1	6				
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(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td>5</td><td>8</td><td>1</td><td>9</td><td>8</td><td>8</td><td>0</td></tr> </table>	5	8	1	9	8	8	0
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(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="width:100%"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>							
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>							

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Abby Dupree

[Electronically Filed]

Date

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2	0

2	0	1	6

Signature